

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/10/05</u>		2 Serial/Patent # <u>10/517,869</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
<div style="border: 1px solid black; height: 40px; width: 100%; background-color: #cccccc;"></div>		7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>							
10 REASON:		8 TO BE REFUNDED BY:									
Overpayment		Treasury Check									
Duplicate Payment		Credit Deposit A/C #:									
No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					--				
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<u>Fee Code Correction</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>BAC</u>			TITLE: _____								
SIGNATURE: <u>BAC</u>			PHONE: _____								
OFFICE: <u>PCT</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: